

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104580

Entity Name: SHI-SHI, INC.

FILED
Mar 20, 2004
Secretary of State

Current Principal Place of Business:

8002 SANDPOINT BLVD
ORLANDO, FL 32819

New Principal Place of Business:

7409 SOMERSET SHORES CT
ORLANDO, FL 32819 US

Current Mailing Address:

8002 SANDPOINT BLVD
ORLANDO, FL 32819

New Mailing Address:

P.O. BOX 691685
ORLANDO, FL 32869 US

FEI Number: 20-0405829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, ROYCE
8002 SANDPOINT BLVD
ORLANDO, FL 32819

Name and Address of New Registered Agent:

MORSE, ROYCE G MS
7409 SOMERSET SHORES CT
ORLANDO, FL 32819 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROYCE G MORSE

03/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORSE, ROYCE
Address: 8002 SANDPOINT BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MORSE, ROYCE G MS
Address: 7409 SOMERSET SHORES CT
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROYCE G MORSE

PRES

03/20/2004

Electronic Signature of Signing Officer or Director

Date